

**State of Nevada  
Transportation Services Authority**

**Application for Approval of  
Change in Officers and/or Directors  
For a Corporation granted a  
Certificate of Public Convenience and Necessity**

In the matter of the application of \_\_\_\_\_

\_\_\_\_\_

dba \_\_\_\_\_

\_\_\_\_\_;

operating under the authority of CPCN number \_\_\_\_\_;

respectfully requests approval by the Transportation Services Authority to purchase, sell or change corporate control in accordance with the Nevada Administrative Code (NAC) chapter 706.206

Wherefore, Applicant requests the Transportation Services Authority enter its order granting the Certificate or Permit prayed for.

Dated at \_\_\_\_\_ Nevada, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Attorney (if any)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Attorney

\_\_\_\_\_  
Title and Address of Applicant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Phone and fax numbers

\_\_\_\_\_  
Phone and fax numbers

**Filing Instructions:**

Make certain your application is complete and accurate. Incomplete applications or those with illegible text will be returned.

Do not enclose original or copies within binders, folders, or other devices. Preferred methods are a single staple, or binder clips.

Be certain to insert labeled tabs between exhibits.

When complete, file your original and 9 copies of this application along with a \$200.00 filing fee to:

Transportation Services Authority  
2290 South Jones Boulevard  
Suite 110  
Las Vegas, NV 89146

We accept checks, cash, and money orders.

Our office hours are 8:00 am to 5:00 pm Monday through Friday, excluding holidays.

If you have any questions, call us at 702-486-3303.

General information ..... Extension 400  
Tariff information ..... Extension 410  
Fax number ..... 702-486-2590

Enclosures:

Exhibit A  
Exhibit B  
Oath

## EXHIBIT A

Type or print name, home address, phone number and social security number of each of the current officers and/or directors.

President \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vice  
President \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Secretary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treasurer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXHIBIT B

Type or print name, home address, phone number and social security number for each of the proposed officers and/or directors.

President \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vice  
President \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Secretary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treasurer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OATH

STATE OF \_\_\_\_\_ )

)

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, state that the above named files this Application for Approval of Change of Officers and/or Directors for a Corporation as (indicate relationship to applicant, i.e.: owner, title as officer, etc.)\_\_\_\_\_;

That, in such capacity, is qualified and authorized to file and verify such an Application; has carefully examined all the statements and matters contained in the Application; and that all such statements made and matters set forth therein are true and correct to the best of his knowledge, information, and belief. Affiant further states that the Request is made in good faith, with the intention of presenting evidence in support thereof in every particular, if requested by the Transportation Services Authority.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Attorney, if any

Mailing address of applicant:

Mailing address of attorney:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone:\_\_\_\_\_

Phone:\_\_\_\_\_

Fax:\_\_\_\_\_

Fax:\_\_\_\_\_